

Department of Employee Trust Funds
LOCAL HEALTH INSURANCE ADMINISTRATION MANUAL

CHAPTER 1 — GENERAL INFORMATION

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101 Introduction

The Wisconsin Public Employer Group Health Insurance program is authorized by Wis. Stat. § 40.51 and is administered under the authority of the State of Wisconsin Group Insurance Board. The program offers employees the opportunity to choose between two or more health plans, including the Standard Plan available to all employees in all counties and alternate health plans (i.e., HMOs) having provider networks in specific geographic areas of the state.

102 Employer Responsibilities

Designate a health insurance representative to:

- Explain eligibility, cost, enrollment procedures, and effective dates to employees;
- Provide *It's Your Choice* (ET-2128) booklets to all new subscribers and to all current subscribers prior to annual Dual-Choice Enrollment period;
- Provide information when applicable on Medicare, Dual-Choice enrollment, and continuation-conversion provisions;
- Secure, audit and maintain applications and arrange payroll deductions;
- Submit applications and other forms to ETF and health plans in a timely manner;
- Prepare, audit and submit monthly remittance reports to ETF;
- Refer employees to the appropriate health plan contact for claim or benefit questions;
- Refer contractual interpretation questions to ETF;

- Respond to health plan questions and audits in a timely manner; and
- Maintain a supply of current ETF forms.

103 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that supersedes or preempts state law under certain conditions. As a covered entity, ETF must comply with the following applicable HIPAA regulations:

- **HIPAA/Pre-Existing Conditions:** Federal HIPAA is intended to make it easier for employees to change jobs by limiting waiting periods for coverage of pre-existing health conditions.

Under the Group Health Insurance program, employees who fail to enroll for coverage when first offered but elect to enroll later, are limited to coverage under the Standard Plan with a 180-day waiting period for pre-existing conditions. There are certain situations where the employee may enroll late without this restriction, such as loss of other group coverage, marriage and birth or adoption of a child.
- **HIPAA/Privacy, Electronic Transactions Standards and Security:** HIPAA's administrative simplification rules are intended to simplify and streamline healthcare claims and payment processes through the implementation of national standards. The rules also require that health information be protected from unauthorized use or disclosure. The three components of the rules are privacy, electronic data transaction standards, and security. The privacy rule, first effective April 14, 2003, established limits on how health information can be used and disclosed. The transaction standards rule, first effective October 16, 2003, set out uniform methods for conducting electronic transactions. The security rule, first effective April 21, 2005, requires safeguards for health information maintained in electronic form.
- A Notice of Privacy Practices is posted on ETF's Web site (<http://etf.wi.gov>) and appears in Section B of the *It's Your Choice* booklet (ET-2128).
- Questions about HIPAA may be directed to ETF's Privacy Officer at 1-877-533-5020.

104 ETF Ombudsperson Services

ETF offers ombudsperson services to assist subscribers who remain dissatisfied after first contacting the health plan regarding a problem or complaint. Employers should direct employees in this situation to write or telephone ETF's ombudsperson at:

Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

Local (Madison) 608-266-3285
Toll Free 1-877-533-5020

ETF ombudspersons advocate for subscribers and attempt to resolve complaints and problems on their behalf. If unsuccessful, the ombudsperson advises the subscriber of subsequent avenues of appeal. Complaints should be made in writing using the *Insurance Complaint* form (ET-2405) whenever possible. Additional information regarding ETF ombudsperson services can be found on the ETF Web site (<http://etf.wi.gov>) under the “Members” section.

Note: For complaints pertaining to benefit determinations, subscribers must complete at least the first level of the administrative review process through the health plan prior to requesting assistance from the ETF ombudsperson.

105 Insurance Complaint Form (ET-2405)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

INSURANCE COMPLAINT

TO FILE A COMPLAINT: Your first step to resolve a problem is to contact the insurance carrier and try to resolve the problem(s) at that level. If you are dissatisfied, then complete this form and send it to the Department of Employee Trust Funds (ETF) at the address shown above, attention Quality Assurance Services Bureau.

Subscriber Name (First, MI, Last)			Birthdate	
Social Security Number			Daytime Telephone	()
Subscriber Address				
E-mail Address				

Please attach a description of your problem in detail. Include copies of important papers and letters that pertain to your complaint, including any relevant correspondence from the plan.

COMPLAINT INFORMATION:

- Who is the covered individual that this complaint involves?
☐ Self ☐ Other (name/age/relationship) _____
- Indicate the type of insurance complaint:
☐ Health
 Name of Health Plan _____
☐ Pharmacy Benefit Manager
☐ Income Continuation/Disability
☐ Other _____
- This complaint should FIRST have been reported to the plan. Have you completed their complaint resolution/grievance process? ☐ Yes ☐ No
- Have you reported this problem to us or any other government agency, such as Office of Commissioner of Insurance?
☐ Yes ☐ No If yes, what agency and what action was taken? (attach documentation, if necessary)

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize _____ (health plan and/or provider) to release my medical and claims information to the ETF Quality Assurance Services Bureau for the purpose of addressing my insurance complaint.

Dates covered by this Authorization:	From: _____ To: _____
Health Information to be Released Under this Authorization:	Participant's grievance file and any related health information. Other: _____

By signing this form, I acknowledge that I have read and understand my rights, listed on the reverse side.

Date (MM/DD/CCYY)	Signature: _____
<input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Personal Representative, Executor or Conservator <input type="checkbox"/> Other _____ <input type="checkbox"/> Power of Attorney for Health Care (activated)	

EXPIRATION: This authorization expires one year from the date signed, or upon withdrawal or resolution of complaint.

106 Employer Withdrawal from the Group Health Insurance Program

Employer participation in the Group Health Insurance program is optional. Wisconsin statutes permit (Wis. Stat. §40.51(7)) an employer to withdraw from the program effective the end of any calendar year by submitting a *Resolution to Withdraw from Wisconsin Public Employers' Group Health Insurance Program* (ET-1318) to ETF by the preceding October 1 if the employer has participated for a full calendar year. Failure to execute the resolution by October 1 requires ETF's approval of the withdrawal.

Following an employer's withdrawal from the program, any employee eligible for coverage as a result of the employer's previous participation will lose eligibility for coverage. This includes Wisconsin Retirement System annuitants (retirees) and continuants (any employee or dependent of an employee who previously continued coverage). Coverage terminates on December 31 of that year.

Employers withdrawing from the Group Health Insurance program may not reapply for participation in the program for three years. ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Enrollment restrictions may also be imposed if ETF terminates the employer's participation in the program because the employer fails to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

107 Internet Address – <http://etf.wi.gov>

ETF maintains an Internet site with information on various benefit topics of interest to employers, active/inactive members, and retirees. The site contains numerous forms and brochures, maps to our offices, hot topics, a form for submitting e-mail inquiries, past and present *Employer Bulletins*, and a benefit calculator. The site provides links to related sites such as the Pharmacy Benefit Manager (PBM), State of Wisconsin Investment Board, Social Security Administration, and Internal Revenue Service.

108 Administrative Offices

MADISON	
Office:	Department of Employee Trust Funds 801 W. Badger Road Madison WI 53702
Mailing Address:	PO Box 7931 Madison WI 53707-7931
Telephone:	Employers: (608) 264-7900 Employees: 1-877-533-5020 (toll free) (608) 266-3285 (local)
TTY:	(608) 267-0676
FAX:	(608) 266-5801
Web Site:	http://etf.wi.gov
OFFICE HOURS:	7:45 a.m. to 4:30 p.m. Monday through Friday (except holidays)
PHARMACY BENEFIT MANAGER (PBM) CONTACT INFORMATION	
Navitus Health Solutions 5 Innovation Court Appleton WI 54912 1-866-333-2757 (toll free) www.navitus.com	

109 Employer Forms

Employers have several options for ordering ETF forms and brochures. Employers may use our voice mail request line in Supply and Mail Services at (608) 266-3302. The voice mail program allows you to call and order forms and brochures by leaving a recorded message. The message will prompt you to provide the following:

- Employer name.
- Employer telephone number.
- Seven-digit employer identification number (EIN) preceded by 69-036-.
- Employer mailing address.
- Four-digit form number beginning with the letters ET- (for example, ET-2405).
- Name of the form (for example, *Insurance Complaint* form).
- Quantity desired.

The message also will state the amount of time you should allow for your order to be filled.

Employers can also order their forms and brochures online at ETF's Web site (<http://etf.wi.gov>) under the "Employers" section.

Orders are generally filled within one to three weeks. Response time depends on the number of requests received, staffing levels and other workload demands. If you do not receive an order within three weeks, please call the request line to check the order's status. State the following:

- The date the order first was placed.
- Your employer name, your name, and telephone number.

Your call will be returned as soon as possible, informing you of the status of your order.

It is sometimes necessary to partially fill orders because forms may be temporarily in short supply. When this occurs, you may receive fewer copies than requested. A notice will be included with your partial order. The balance of your order is retained and filled when the forms become available. You do not need to resubmit the request.

ETF recommends maintaining a small supply of the following publications for reference material, distribution to employees, and to assist you with your administrative duties to the Group Health Insurance program.

Title	Form Number
<i>Your Benefit Handbook</i>	ET-2119
<i>It's Your Choice</i>	ET-2128
<i>Wisconsin Public Employers Standard and SMP Plan</i>	ET-2131
<i>Group Health Insurance Application</i>	ET-2301
<i>Continuation-Conversion Notice</i>	ET-2311
<i>Health Insurance Information Change</i>	ET-2329
<i>Insurance Complaint</i>	ET-2405
<i>Death Benefits</i>	ET-6101